

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Elling, Sonya, D, ,**Mailing Address **8412 Riverside Road**

City
Alexandria

State
VA

Zip Code
22308-1545

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Sr Advisor-Federal Gov't Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.04

Date of Receipt

01 / 31 / 2018

Transaction ID : **PR1247942449057**

Amount of Each Receipt this Period

206.04

☐ Memo Item

P/R Deduction (\$206.04 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Rice, Derica, W, Mr,**Mailing Address **Lilly Corporate Center**

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

Exec VP-Global Services and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2018

Transaction ID : **PR1550150649057**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Martin, Sherry, A, ,**Mailing Address **Lilly Corporate Center**

City
Indianapolis

State
IN

Zip Code
46285-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Eli Lilly and Company

Occupation (for Individual)

VP-Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

01 / 31 / 2018

Transaction ID : **PR1814697149057**

Amount of Each Receipt this Period

475.00

☐ Memo Item

P/R Deduction (\$475.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

931.04

0.00